The Board CANNOT

- Independently change the law. Only the Nevada State Legislature can make changes.

The Board CAN

- Adopt regulations which establish minimum legal standards for safe practice and clarify or explain statutes.

Nevada Board of Pharmacy
Prescription Monitoring Program

Recap of the Prescription Monitoring Program (PMP):

- Implementation of PMP Program
- NRS 639.23607: Patient utilization report required before initiating prescription for controlled substance in certain circumstances; exceptions; regulations; penalties.

DOCTOR SHOPPING BEHAVIORS

- Multiple prescribers
- Multiple pharmacies
- High drug quantities
- Switching back and forth between different types of payment
- Drug combinations (hydrocodone/carisoprodol/alprazolam)
- Duplicate therapies (zolpidem/temazepam)
- Overlapping written and filled dates

Assembly Bill 474
Controlled Substance Abuse Prevention Act

A Guide for prescribing in Nevada

Collaborative effort by:
Nevada State Board of Nursing
Nevada Board of Pharmacy
Governor’s Office

ASSEMBLY BILL 474

- Effective January 1, 2018

Components:
1. New components to a written CS RX
2. Factors to consider before writing any RX for a CS
3. Factors to consider before writing an initial RX
4. Prescribing after 30 days
5. Prescribing after 90 days
6. Prescribe 365
7. Mandatory PMP registration and use
8. Continuing education requirements
9. Enforcement of AB 474
COMPONENTS TO A CS PRESCRIPTION

- Name, signature and address of the practitioner;
- DEA number;
- The classification of the practitioner’s license;
- The name, date of birth and address of the patient;
- The name, strength and quantity of the drug prescribed;
- Day’s supply (number of days the RX is intended to last);
- Directions for use, including, the dose of the drug the route of administration and the number of refills, if applicable;
- ICD-10 diagnosis code;
- The date of issue;
- The symptom or purpose for which the drug is prescribed, if included by the practitioner pursuant to NRS 639.2352.

NEW COMPONENTS TO A CS PRESCRIPTION

- Pt’s Date of Birth
- ICD-10 diagnosis code
- Practitioner’s DEA number
  - If multiple practitioners’ names and DEA numbers are pre-printed on the RX, the practitioner must clearly indicates which is his or her name and DEA number
- Days supply (number of days the RX is intended to last)

ACCURACY OF PMP DATA

REPORTING SUSPECTED ERRORS TO THE PMP

BEFORE WRITING ANY PRESCRIPTIONS FOR A CS

- The practitioner must evaluate for the following where applicable:
  - Whether the CS, if previously prescribed, is working as intended and as expected to treat the pt’s symptoms;
  - Whether there is reason to believe that the pt is not using the CS as prescribed or is diverting for use by another person;
  - Whether the pt’s PMP report indicates that the pt is using the CS inappropriately or is using other CS not prescribed and unbeknownst to the practitioner;
  - Whether the pt has a history of substance abuse;
BEFORE WRITING ANY PRESCRIPTIONS FOR A CS

- Whether there is reason to believe that the pt is currently misusing or addicted to the CS;
- Whether there is reason to believe that the pt is using other drugs (including alcohol or illicit) that may interact negatively with the CS prescribed;
- The number of early refill attempts or number of times the pt claimed that the CS has been lost or stolen;
- Whether blood or urine tests indicate inappropriate use of the CS or the presence of unauthorized CS in the pt’s system;
- Any major change in the pt’s health that would affect the medical appropriateness of the CS.

BEFORE WRITING AN INITIAL PRESCRIPTION FOR A CS

■ Each practitioner must:
  - Have a bona fide relationship with the pt;
  - Establish a preliminary diagnosis and a treatment plan;
  - Perform a Patient Risk Assessment;
  - Obtain and review the pt’s PMP report;
  - Discuss non-opioid treatment options;
  - If the practitioner decides to write an initial RX:
    ■ It must be for \( \leq 14 \text{-day supply} \) if treating acute pain;
    ■ It must not be for \( > 90 \text{ MME daily} \) for an opiate naïve pt;
    AND
    ■ The patient completes an Informed Consent.

PATIENT RISK ASSESSMENT

■ Obtain and review the pt’s medical history/records
  - Must make a good faith effort to obtain and review the medical records from any other provider and document those efforts and conclusions reached from the review; AND
■ Conduct a physical examination and assess the pt’s mental health, their risk of abuse, addiction and dependency
  - Must use methods supported by peer reviewed scientific research, validated by a nationally recognized organization

INFORMED CONSENT

■ The practitioner must obtain informed written consent after discussing the following with the patient:
  - Risks and benefits of using the CS
  - Proper use, storage and disposal of the CS;
  - Treatment plan and possible alternative treatment options;
  - Exposure risk to a fetus of a childbearing age woman;
  - If the CS is an opioid, the availability of an opioid antagonist without a RX; AND
  - If the pt is a minor, the risks that the minor will abuse, misuse, or divert the CS, and ways to detect those issues.

BEFORE WRITING A PRESCRIPTION TO CONTINUE TREATMENT AFTER 30 DAYS

- Continuation of CS for >30 consecutive days the practitioner and pt must enter into a Prescription Medication Agreement, which must include:
  - Goals of the treatment;
  - Pt’s consent to drug testing;
  - A requirement that the pt use the CS as prescribed;
  - A prohibition on sharing the CS with any other person;
  - A requirement that the pt inform the practitioner;
  - Any other CS prescribed or taken;
  - Alcohol, cannabinoid, illicit drugs usage;
  - Treatment received for side effects or complications from the CS;
  - Each state in which the pt previously resided or had a RX for CS filled;
  - Reasons the practitioner may change or discontinue the treatment.

BEFORE WRITING A PRESCRIPTION TO CONTINUE TREATMENT AFTER 90 DAYS

- Continuation of CS for >90 consecutive days the practitioner must:
  - Determine an evidence-based diagnosis for the pain;
  - Complete a Risk of Abuse Assessment validated through peer-reviewed research;
  - Discuss the treatment plan with the pt;
  - Obtain and review the pt’s PMP Report at least every 90 days during the course of treatment;
  - If the pt is receiving a CS dose that > 90 MME daily:
    - Consider referral to a pain management specialist;
    - Develop a revised treatment plan (including assessment of risks of adverse outcomes) and document in medical record.
Number of prescribers who prescribed above a specific MME threshold categorized according to their respective boards for year 2015*

<table>
<thead>
<tr>
<th>MME Threshold</th>
<th>MD Board</th>
<th>Dental Board</th>
<th>Nursing Board</th>
<th>DO Board</th>
<th>Podiatry Board</th>
<th>Others**</th>
<th>Total</th>
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<td>≥ 90</td>
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<td>15</td>
<td>206</td>
<td>0</td>
<td>123</td>
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<td>13</td>
<td>212</td>
<td>0</td>
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<td>1722</td>
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<tr>
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<td>144</td>
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<td>122</td>
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<tr>
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<td>104</td>
<td>0</td>
<td>76</td>
<td>760</td>
<td></td>
</tr>
</tbody>
</table>

*These are approximately estimated numbers generated from the dispensation data in the year 2015 in the state of Nevada.

**The segmentation or categorization of prescribers into their respective boards is based on matching the names from the lists provided by the boards. Errors can be expected.

The minimum value of MME prescribed in 2015 is 0.05 and the maximum is 720.0

The mean value of MME prescribed in 2015 is 12.09 and the median is 5.0

The standard deviation of MME prescribed in 2015 is 43.5267

About 75% of prescriptions written in 2015 are of MME less than or equal to 10.0

About 99% of prescriptions written in 2015 are of MME less than or equal to 120.0

About 75% of prescriptions with MME more than 0 filled in 2015.

A practitioner shall not prescribe a CS to a pt who has already received 365 days’ worth of that CS for a particular diagnosis in any given 365 day rolling period.

What does it mean?

A practitioner should not prescribe more doses of a CS than the pt needs, if he/she adheres to the practitioner’s dosing instructions, during the prescribed treatment period.

If the practitioner chooses to prescribe a CS in a larger quantity than needed for the course of treatment, the practitioner must document the rationale in pt’s medical record.

PMP DATABASE

Computerized program to track CS prescriptions
Accessible 24/7 through a secure website
Access to prescribers, dispensers, law enforcement, licensing board investigators

MANDATORY PMP REGISTRATION

A practitioner who prescribes CS shall obtain biennially a controlled substance registration issued by the Board of Pharmacy.
A person must present proof that he or she is authorized to access the PMP before the Board of Pharmacy may issue or renew a registration.

MANDATORY USE OF THE PMP

A practitioner shall, before issuing a prescription for a CS and at least once every 90 days for the duration of the course of treatment, obtain and review the pt’s PMP report if:

a. The pt is a new pt of the practitioner; OR
b. The RX is part of a new course of treatment for an existing pt.

The practitioner shall review the PMP report to assess

Medical necessity of the CS; AND

Shall not prescribe the CS if the patient has already been issued an RX for the same CS, to treat the same diagnosis.

PMP MAKING A DIFFERENCE

Making a Difference: State Successes

New York 75%
Florida 50%
Tennessee 36%

PMP DATABASE

HealthCare Providers
Pharmacies
Healthcare Licensure Board
Law Enforcement

http://www.cdc.gov/drugoverdose/pdmp/index.html

MANDATORY PMP REGISTRATION

CONTINUING EDUCATION REQUIREMENTS

- Practitioners who are registered to prescribe CS must complete a minimum of 2 hours of training relating to the misuse and abuse of CS, prescribing of opioids, or addiction during each period of licensure.

VIOLATIONS OF AB 474

- A practitioner who violates any component of AB 474:
  a. Is subject to professional discipline by their licensing board

NRS 453.164

- Board of Pharmacy reports suspected fraudulent, illegal, unauthorized or inappropriate activity related to CS to:
  - Law enforcement, licensing board, prescriber, and pharmacists
  - Law enforcement, licensing board
  - Law Enforcement and Board of Pharmacy
  - Law enforcement, licensing board, prescriber, and pharmacists

TYPES OF UNSOLICITED REPORTS TO LICENSING BOARDS

- “Doctor Shopper” reports
- Informs licensing boards of possible doctor shoppers
- Provides names of licensees involved in the pt’s care
- Provides names of licensees not registered/reviewing PMP
- Scheduled reports (quarterly, triannual, or biannual)
- Top 10 highest prescribers based on:
  - RX count
  - Pill Count
  - Drug ingredient (i.e. hydrocodone, oxycodone, amphetamine, promethazine with codeine, buprenorphine, etc.)
  - MME/d (still working on this)
- Reports generated from complaints (informal or formal)
- Reports generated from day to day findings

UNSOLICITED REPORTS - DECONFLICTION

PMP identifies Practitioners, Dispensers, or Patients who may be violating NRS

- Name(s) of subjects reported to Law Enforcement (NDE) through unsolicited reports
- PMP provides unsolicited report to appropriate parties (i.e. practitioners, pharmacists, and licensing boards)
- No active investigations

- NDE will notify the PMP if PMP will NOT send unsolicited report to any other parties

UNSOLICITED REPORTS TO PRESCRIBERS & PHARMACIES

- Letter not intended to tell practitioners how to practice
- Letter does not mean you are under investigation or you are in trouble
- Informs practitioners of possible doctor shoppers
- Reviews SB 459 requirements for prescribers and encourages practitioners to review patient’s PMP history to detect unlawful activity
- Provides registration instructions to prescribers not registered with the PMP
EXAMPLE OF A PRESCRIBER UNSOLICITED REPORT

WHAT SHOULD HAPPEN IF YOU RECEIVE AN UNSOLICITED REPORT?

- Please do not “fire” the patient
- Discuss issue with patient
- Refer to:
  - Pain Management
  - Addiction Treatment Programs
- Consider continuing
  - Treatment

Are prescriptions fraudulent?
- Fill out hotline report
- Report to Law Enforcement
- Rx Fraud Hotline: 775-334-6256
- Rx Fraud Email: RXFraud@reno.gov

AB 474 Sections 14 – 49 (Section for Each Licensing Board)

1. The licensing board shall review and evaluate the information provided to it by the Board of Pharmacy indicating that:
   a) A licensee has issued a fraudulent, illegal, unauthorized or otherwise inappropriate RX for a CS;
   b) A pattern of RXs issued by a licensee indicates that the licensee has issued RXs in the manner described in paragraph (a); or
   c) A patient of a licensee has acquired, used or possessed a CS in a fraudulent, illegal, unauthorized or otherwise inappropriate manner.

2. The licensing board must notify the licensee as soon as practicable after receiving the information

3. A review and evaluation must include:
   a) A review of the relevant information in the PMP;
   b) A requirement that the licensee who is the subject of the review and evaluation attest that he or she has complied with the requirements in AB 474; and
   c) A request for additional relevant information from the licensee who is the subject of the review and evaluation.

4. If, after a review and evaluation, the licensing board determines that the licensee may have issued a fraudulent, illegal, unauthorized or otherwise inappropriate RX for a CS, the licensing board must proceed as if a written complaint had been filed against the licensee. If, after conducting an investigation and hearing, the licensing board determines that the licensee issued a fraudulent, illegal, unauthorized or otherwise inappropriate prescription, the licensing board must impose appropriate disciplinary action.

5. When deemed appropriate, the licensing board may:
   a) Refer information acquired during review and evaluation conducted to another professional licensing board, law enforcement or other entity for investigation and criminal or administrative proceedings.
   b) Postpone any notification, review or part of such a review required by this section if the licensing board determines that it is necessary to avoid interfering with any pending administrative or criminal investigation into the suspected fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, dispensing or use of a CS.
6. The licensing board shall adopt regulations providing for disciplinary action against a licensee for inappropriately prescribing or violating provisions of AB 474. Such disciplinary action must include, without limitation, requiring the licensee to complete additional CE concerning prescribing CS.

1. If there is an imminent danger to the public health or safety which warrants emergency action, summary suspension of a license may be ordered pending proceedings for revocation or other action.

Senate BILL 59

- Effective July 1, 2017
- Includes schedule V controlled substances in the list of prescriptions that dispensers must report to the PMP.
- Will have some provisions that require law enforcement to report to the PMP.

CONTACT INFORMATION

- Email:
  - Licensing questions: pharmacy@pharmacy.nv.gov
  - Law questions: pedwards@pharmacy.nv.gov
  - PMP questions: pmp@pharmacy.nv.gov
  - Other general questions: lpinson@pharmacy.nv.gov
- Board tel: (775) 850-1440
- PMP tel: (775) 687-6084